

Form 4 Exam

PUBLIC SERVICE COMMISSION OF WISCONSIN

Appearance Slip

(please print clearly)

Docket Number and Title 6570-WR-104, Application of Windsor Sanitary District No. 1 for Authority to Increase Water Rates		Hearing Date August 17, 2010	
Name <i>Kenneth C. W... Brian L. Coulter</i>		Title <i>Merlin Dorman President / Clerk / Treas</i>	
Street, Rural Route Number, or P.O. Box Number <i>PO Box 473</i>			
City <i>WINDSOR</i>		State <i>WI</i>	Zip Code <i>53598</i>
Telephone Number <i>608-846-5464</i>		E-Mail Address <i>wsdno1@centurytel.net</i>	
Representing <input type="checkbox"/> Self <input type="checkbox"/> Employer		<input checked="" type="checkbox"/> Organization	
Do you wish to testify? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided		Would you like to receive a copy of the Commission's decision? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Appearance <input type="checkbox"/> AS INTEREST MAY APPEAR		<input checked="" type="checkbox"/> IN SUPPORT <input type="checkbox"/> IN OPPOSITION	
Signature <i>Kenneth C. W... Brian L. Coulter Merlin Dorman</i>			

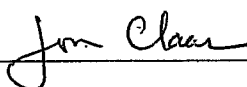
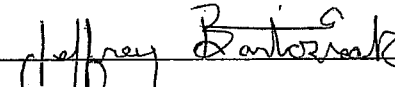
If you would like to provide written comments instead of oral testimony, please use the remainder of this sheet and other pages, if necessary, for your written comments. The admission of written comments into the hearing record is subject to parties' objections. Your signature above affirms that your written comments are true and correct to the best of your knowledge and belief.

 Public Service Commission of Wisconsin
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Docket Number and Title 6570-WR-104, Application of Windsor Sanitary District No. 1 for Authority to Increase Water Rates		Hearing Date August 17, 2010	
Name Jeff Bartosiak Jon Claas		Title Operator/Manager Operator/Bookkeeper	
Street, Rural Route Number, or P.O. Box Number P.O. Box 473			
City Windsor		State WI	Zip Code 53598
Telephone Number 608-846-5464		E-Mail Address wsdn01@centurytel.net	
Representing <input type="checkbox"/> Self <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Organization			
Do you wish to testify? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Undecided		Would you like to receive a copy of the Commission's decision? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Appearance <input type="checkbox"/> AS INTEREST MAY APPEAR <input checked="" type="checkbox"/> IN SUPPORT <input type="checkbox"/> IN OPPOSITION			
Signature  			

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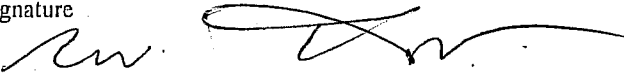
Docket Number and Title 6570-WR-104, Application of Windsor Sanitary District No. 1 for Authority to Increase Water Rates		Hearing Date August 17, 2010	
Name Timothy D. Fenner		Title Attorney	
Street, Rural Route Number, or P.O. Box Number PO Box 1767			
City MADISON		State WI	Zip Code 53701
Telephone Number 608-257-5661		E-Mail Address tfenner@axley.com	
Representing <input type="checkbox"/> Self <input type="checkbox"/> Employer		<input checked="" type="checkbox"/> Organization Windsor Sanitary District	
Do you wish to testify? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Undecided		Would you like to receive a copy of the Commission's decision? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Appearance <input type="checkbox"/> AS INTEREST MAY APPEAR		<input checked="" type="checkbox"/> IN SUPPORT <input type="checkbox"/> IN OPPOSITION	
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Docket Number and Title 6570-WR-104, Application of Windsor Sanitary District No. 1 for Authority to Increase Water Rates		Hearing Date August 17, 2010	
Name ROBERT KAUFMAN		Title Accountant	
Street, Rural Route Number, or P.O. Box Number PO Box 432			
City DeForest		State WI	Zip Code 53532
Telephone Number 608-846-4747		E-Mail Address kaufmanr@mbegpas.com	
Representing <input type="checkbox"/> Self <input type="checkbox"/> Employer <input checked="" type="checkbox"/> Organization			
Do you wish to testify? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided		Would you like to receive a copy of the Commission's decision? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Appearance <input type="checkbox"/> AS INTEREST MAY APPEAR <input checked="" type="checkbox"/> IN SUPPORT <input type="checkbox"/> IN OPPOSITION			
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